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<b>REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	10/590,265
	Filing Date	06/14/2007
	First Named Inventor	Astrid Netz
	Art Unit	1614
	Examiner Name	N/A
	Attorney Docket Number	065571-0084

I hereby revoke all previous powers of attorney given in the above-identified application:

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

38,939

☒ Please change the correspondence address for the above-identified application to:

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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	ppa. / <i>Jürgen Bachmann</i>	ppa. / <i>Susanne Zimmermann</i>
Name	Jürgen Bachmann	Susanne Zimmermann
Date	08/01/2008	Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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